

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006878

FILED  
Feb 16, 2006  
Secretary of State

Entity Name: APPLIED DIGITAL SOLUTIONS, INC.

## Current Principal Place of Business:

1690 S. CONGRESS AVE  
SUITE 200  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

## Current Mailing Address:

1690 S. CONGRESS AVE  
SUITE 200  
DELRAY BEACH, FL 33445 US

## New Mailing Address:

FEI Number: 43-1641533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGSFORD, KAY  
1690 S. CONGRESS AVE  
SUITE 200  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPAS ( ) Delete  
Name: LANGSFORD, KAY E  
Address: 1690 S. CONGRESS AVE; SUITE 200  
City-St-Zip: DELRAY BEACH, FL 33445

Title: EVPS ( ) Delete  
Name: KRAWITZ, MICHAEL  
Address: 1690 S. CONGRESS AVE; SUITE 200  
City-St-Zip: DELRAY BEACH, FL 33445

Title: T ( ) Delete  
Name: MCKEOWN, EVAN  
Address: 1690 S. CONGRESS AVE; SUITE 200  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: PENNI, DANIEL E  
Address: 1690 S. CONGRESS AVE; SUITE 200  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: RAWAN, DENNIS  
Address: 1690 S. CONGRESS AVE; SUITE 200  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DP ( ) Delete  
Name: SILVERMAN, SCOTT  
Address: 1690 S. CONGRESS AVE; SUITE 200  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KRAWITZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SECR

02/16/2006

\_\_\_\_\_  
Date